

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number 09-981610		Filing Date				
							Applicant(s)						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend							
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47							97						
48							98						
49							99						
50							100						
Total Indep	1						Total Indep						
Total Depend	7						Total Depend						
Total Claims	8						Total Claims						